

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5813

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1	1	1		
3	2		1	1		
4	1	1	1	1		
5	1	1	1	1		
6	1	1	1	1		
7	1		1	1		
8		1	1	1		
9		1	1	1		
10	1	1	1	1		
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45			1	1		
46			1	1		
47			1	1		
48			1	1		
49			1	1		
50			1	1		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	10	←	8	←		←
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						↓
TOTAL DEP.						←
TOTAL CLAIMS						←